NEW YORK STATE | Office of Information Technology Services

SDVOB 101 (Revised 10.23.2025)

# SDVOB: REQUEST FOR WAIVER

Please see page two for documentation requirements. By submitting this form and the required information, the offeror/contractor certifies that every Good Faith Effort has been taken to promote participation of Service-Disabled Veteran-Owned Businesses (SDVOB) pursuant to the SDVOB participation requirements set forth under the contract.

## Contract Overview

Offeror/ Contractor Name: _____ Telephone: _____

Address: _____ Federal ID No. _____ SFS Vendor ID: _____

City, State, Zip: _____ Solicitation/Contract No: _____

Type of Procurement: Competitive Bid ☐ Other ☐ Bid Response Due Date: _____ Est. or Actual Cost: _____

## Waiver Request: Fill ALL boxes with an X or N/A and provide justification (attach additional pages if needed):

1. ☐ SDVOB Waiver- A waiver of the SDVOB Goal for this procurement is requested. ☐ Total ☐ Partial
2. ☐ Waiver- Pending OGS Certification - Check here if subcontractors or suppliers of Contractor are not certified SDVOB but an application for certification has been filled with NYS Office of General Services. Subcontractor/Supplier Name: _ _____Date of filling: _____ Reference submission instruction on page 2, item 1.
3. ☐ Vendor does not subcontract construction/professional services.
4. ☐ Vendor subcontracts some of this type of work but at lower % than bids/solicitation describes.
5. ☐ Vendor has solicited NYS Certified SDVOB firms for purposes in complying with participation goals without success. Please see requirements: Reference submission instruction on page 2, items 2-10.
6. ☐ Other: _____

Provide a summary of your justification for requesting a waiver.

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☐ By checking this box you verify that you went through the NYS OGS SDVOB Directory of Certified firms to view companies that you may be currently using or may use on this bid.

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE SDVOB REQUIREMENTS SET FORTH UNDER NYS VETERANS' SERVICES LAW ARTICLE 3, 9 NYCRR PART 252, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.

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VENDOR CERTIFICATION: I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith.

_____ _____

Signature Date Print Name, Title, Company

Sworn to before me this _____ day of _____ 20_____ Notary Seal:

_____

Notary Public

## REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

To be considered, the Request for Waiver form must be accompanied by supporting documentation for items 1-10, as listed below. If a Waiver Pending OGS Certification is requested, please see note below. Copies of the following information and all relevant supporting documentation must be submitted along with the request:

1 Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

2. Provide the names of general circulation, trade association, and SDVOB-oriented publications in which you solicited certified SDVOBs for the purposes of complying with your participation goals.

3. Provide a list identifying the date(s) that all solicitations for certified SDVOB participation were published in any of the above publications and the text of said solicitation(s).

4. Provide a list of all certified SDVOBs appearing in the NYS Directory of Certified Firms that were solicited in writing for purposes of complying with the certified SDVOB participation levels.

5. Provide copies of notices, dates of contact, letters and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation, if an identical solicitation was made to all certified SDVOBs.

6. Provide copies of responses made by certified SDVOBs to your solicitations.

7. Provide descriptions. dates, and the manner in which any contract documents, plans or specifications were made available to certified SDVOBs for purposes of soliciting their bids.

8. Provide documentation of any negotiations between the Offeror/Contractor, and/or SDVOB(s) undertaken for purposes of complying with the certified SDVOB participations goals.

9. Provide the name, title, address, telephone number, and email address of the Offeror/Contractor's representative authorized to discuss this waiver request.

10. Copy of notice of application receipt issued by NYS Office of General Services (OGS).

NOTE: Unless a Total Waiver has been granted, Offeror/Contractor will be required to submit all reports and documents pursuant to the provisions set forth in the Contract, as deemed appropriate by the State, to determine SDVOB compliance.

FOR AUTHORIZED USE ONLY

Reviewed By: _____ Date: _____ Waiver Granted: ☐ Yes ☐ No

☐ Total Waiver ☐ Partial Waiver ☐ Conditional Waiver ☐ OGS Certification Waiver Date of Deficiency Issued: _____